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CONTENTS:

	PAGE.
Rudimentary and Explanatory Notes on Electricity	165
The Treatment of Ovarian and Uterine Tumors. By T. J. Word, M. D., Atlanta, Ga	169
The Permanganates	176
Massage	178
Results Obtained from Massage in Given Cases	180
Atropine in Severe Electric Shock	182
Glycerine in Febrile Dryness of the Tongue and Thirst	184
Mind Cure	184
The Influence of the Bromides in the Prevention of Iodism	186
Sand-Bag for the Sick-Room	187
Local Treatment of Pharynx	187
EDITORIAL:	
Wearing Out	189
Obituary	190
Book Notices	191
News and Miscellany	193
Therapeutic Odds and Ends	195

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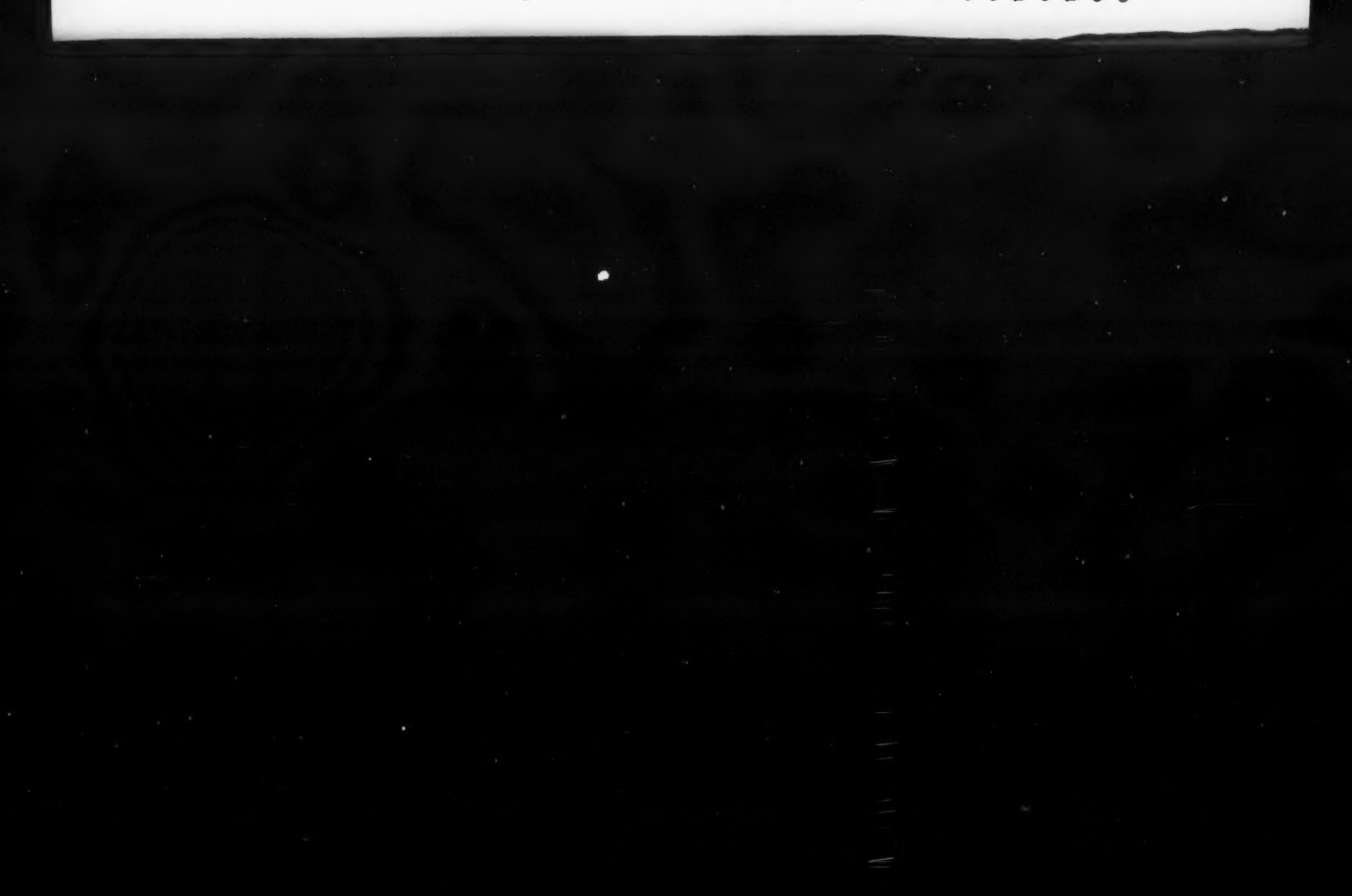

THE

Physicians and Surgeons' Investigator.

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RUDIMENTARY AND EXPLANATORY NOTES ON ELECTRICITY.

Everybody knows that electricity is liberated whenever, by mechanical action or chemical reaction, we destroy molecular equilibrium. Electricity does not exist as a physical entity, however; a body in the neutral state—neither positive nor negative—is not, as is commonly believed, charged with a neutral electric fluid. That old theory has had its day. Electricity, according to the modern theory, is but one of the numerous transformations of force. This theory is based on the existence of *ether*, an imponderable fluid that penetrates solids and exists everywhere, in the interplanetary spaces as well as between the atoms of solids, liquids and gases. This ether may be defined as matter in a state of diffusion as infinite as it is possible to imagine.

If, now, we take two bodies, the atoms of which are surrounded by normal quantities of ether, and place them so that they act on each other mechanically or react chemically, a rupture of molecular equilibrium follows. The result is that one body parts with a portion of its normal quantity of ether and thus becomes sub-normal, electrically negative; the other imbibes the ether liberated from the the first, adds it to its already normal quantity, and thus becomes electrically positive. To make this plainer, suppose that normally each body contained 10 volumes of ether, and that the first parted

with 2 volumes, then the positive would contain 12, or plus 2 volumes more than normal, and the negative 8, or minus 2 volumes less than normal. The difference between a positive and negative then is this: The positive contains more, the negative less, ether than normal. Electricity may therefore be defined as the difference which exists between the *actual* quantity of ether impregnating the molecules of a body, and the *normal* quantity which those molecules should contain. The identity of electricity, no matter how generated, is therefore beyond doubt.

In the face of this, many physicians and men calling themselves medical electricians, but who nevertheless, are not *au courant* with physics, imagine that there is a *material* difference between *static* and *dynamic* electricity, and even add the induced current to the same category. According to their fantastic classification they would have us believe that they had three agents as different materially as quinine, arsenic and salicylic acid. This is a gross error. An electro-static machine, a pile, a dynamo or electro-magnet may produce static or dynamic effects according to the conditions in which the experiment is made. Static electricity is electricity in repose, insulated; dynamic electricity is electricity in motion. The static apparatus gives a current of feeble *quantity* but colossal *tension*; the pile gives a large *quantity* but feeble tension; the induction apparatus; a mean between the two. The tension in this last is greater than that of the pile but less than that of the static apparatus, while the quantity is greater than the static but less than the pile. Induced currents are of short duration.

The distinction between *tension* and *quantity* may be better understood by employing a familiar example. Suppose a reservoir, containing 1000 cubic meters of water, but 1 meter in depth. This large *quantity* of water cannot raise even a small jet higher than 1 meter, because the height of the jet depends on *pressure* and not on quantity. This reservoir then corresponds with the pile; the quantity is large but the pressure (tension) is feeble. On the other hand, take 1 cubic meter of water and pour it into a tube that it will fill to the height of 10 meters; from this small quantity, we can obtain

a jet 10 meters in height, because the pressure is 10 times greater than it was in the reservoir. This tube would correspond with the static machine; the quantity is small and the tension great. In other words, we may compare the pile to a vast reservoir of low pressure (shallow), and the electro-static machine to a small reservoir of high pressure (deep). The energy of the mechanical effects the heights of the jets obtained from the reservoirs prove that these effects do not depend on *quantity*, that they do depend on *pressure*, and that pressure is independent of quantity. Now, tension in electricity is equivalent to pressure in hydraulics. Tension is the pressure, the propulsive force of the current; the energy with which the electric fluid flows off from its source, in a word, the electro-motor force. Quantity, on the other hand, is the volume of electricity generated. The mechanical effects of an electric current then, like those from the reservoir, depend on its tension, not on its quantity, and this tension is independent of quantity.

Quantity must not be confounded with *intensity*. Quantity, as we have already said, is the volume of electricity generated. Intensity is the volume of electricity which flows over the circuit in a *unit of time* (*a second*). *Capacity* differs from both in being the volume of electricity that can be stored a given condenser. To compute the *intensity* of a current, we must know its *tension* and the *resistance* offered by the circuit. *Resistance* is the sum of all the obstacles opposed to the passage of a current and is directly proportionate to the length of the conductor, and inversely proportionate to its transverse section. From this it follows, other things being equal, that the shorter and thicker the circuit of closure the less the resistance, and the greater the intensity. This is in accordance with Ohm's law which may be formulated thus:—

The intensity of a current on an electric circuit is directly proportionate to the tension and inversely proportionate to the resistance.

Let I represent the intensity, E the tension, R the resistance, and Ohm's law is expressed thus: $I = \frac{E}{R}$. The intensity being the working force of the current, it follows from the above formula, that the more we augment the tension (E) and minimize the resist-

ance (R) the greater the intensity (I). The intensity of the pile may be increased by adding more elements, and that of the induction apparatus by coiling more wire on the bobines. We have already indicated how to miminize the resistance.

It is just as necessary to regulate the dosage of electricity as it is that of drugs, and to enable the electrician to do this, a unit of valuation has been accorded to each of the factors—*electro-motor force* (*tension*), *resistance*, *intensity*, *quantity* and *capacity*.

The *unit of tension* is called a *volt* and is about equal to the tension of a Daniell element, which, when expressed in volts, varies from 0.9 to 1.1, or almost unity. If then we unite 10 Daniell elements, the tension of the pile would be about 10 volts. The tension of the Bunsen couple is about double that of the Daniell, or 1.964 volts; while the sal ammoniac, or the chlorides of zinc or silver couples vary from 1.3 to 1.5 volts.

The *unit of resistance* is called an *ohm*, and is equal to the resistance offered by 100 meters of telegraph wire, 4 millimeters in diameter, or 50 meters of pure copper wire, 1 millimeter in diameter.

A current of 1 *volt* passing over 1 *ohm*, or in other words, a unit of tension acting on a unit of resistance produces a current equal to the *unit* of *intensity*, or 1 *ampere*.† An *ampere* of electricity is that quantity which decomposes 0.9376 ^{mg} of water no matter what be the duration of its passage; but a current, whose intensity is 1 *ampere*, decomposes 0.09376 ^{mg} of water per second, and we should not forget that the word *intensity* carries with it the idea of a unit of time. An ampere (weber) is, however, much too strong for practical medicine, and for that reason, electric intensity compatible with medical usage is reckoned in *Milliamperes*.

If now, an ampere (unit of intensity) be produced in a second (unit of time) we have a unit of quantity, called a *coulomb*.

Finally, a condenser, which just holds and can be charged in one second with one ampere possesses one *unit of capacity*, known as a *farad*.

---

† It would require several hundred Bunsen elements to produce a current equal to the unit of intensity, or ampere.

We often hear electricians and instrument makers boast that their instruments do not produce eschars. Now, what is it that produces the eschar; simply, the energy of intensity, and eschars may be avoided by carefully regulating the *variables* or factors which determine intensity. For sound practice then, it is necessary to employ a galvanometer graduated in *Milliamperes*, and a medical rheostat graduated in *Ohms*. With the galvanometer we can measure the intensity of the pile employed, and if needed diminish this intensity by increasing the resistance, or increase it by augmenting the number of couples employed. We should bear in mind, however, that physiological effects differ according as intensity, is obtained by increasing the number of elements, or by diminishing the resistance. The rheostat is therefore necessary so as to enable the physician to augment the number of couples without increasing the intensity, to furnish a current of tension rather than quantity. This can be done by increasing the resistance until the needle of the galvanometer returns to the same degree of intensity marked by it before the extra elements were added. In this manner we can augment the energy of physiological effects by increasing the density of the current while keeping the intensity stationary, and that, too, without running the risk of producing eschars. If, on the other hand, we did not increase the resistance after adding the new elements, we would have a current of greater intensity than the former, a current of quantity, but not possessed of so much physiological energy, because the diameter of the conductors being greater, the density of the current is less. G.

THE TREATMENT OF OVARIAN AND UTERINE TUMORS.

BY T. J. WORD, M. D., ATLANTA, GA.

In presenting the history and treatment of the following cases, I deem it due, alike to myself and the profession, to give expression to my belief in the curability of non-malignant tumors of the womb and ovaries by medical treatment, and also to state the grounds on which it is founded. Regarding such growths as the product of a

morbid or pathological condition, and believing in the possibility of correcting such condition by well directed treatment, I see no reason why the growth should not cease when thus deprived of its originating and sustaining cause: nor why it should not only cease to grow, but on the contrary, gradually diminish from disintegration and absorption. This conviction, or opinion, is founded upon an event connected with the history of such growths, and which is known to the profession generally, namely, the spontaneous cures which occur now and then from the unaided efforts of nature; and which, in my opinion, should inspire confidence in the use of remedies in aid of the good work. Notwithstanding the positive assertions to the contrary by many distinguished gentlemen, that there is no known remedy or treatment calculated to influence favorably such growths, or that can cause absorption of their contents, and accounting as they do, when such collections disappear, that the cyst ruptured, premitting the escape of the fluid into some other cavity or outlet, from which it is either absorbed or escapes. If such be the only mode or modes of its disappearance, I count myself most fortunate in the cases presented below for such a happening in so many instances. I am, however, fully persuaded as to the possibility of meeting the demands in a large proportion of cases, without a resort to surgical interference; which, at best, is a humiliating confession as to the impotency of therapeutical appliances, from which every conscientious physician should strive to redeem his calling, as well as to save his patient from the additional hazard attending surgical relief; not because it is an untried expedient, but because of the unavoidable risk encountered under the most favorable circumstances, and in the hands of the most skillful operator. In making this statement, I would not have it understood as a reflection on the judgment or skill of the many distinguished gentlemen whose well-earned fame in uterine surgery has given them a world-wide reputation, nor do I mean to say there will no longer be an occasion for their services, but trust it may be but an occasional necessity, and not, as heretofore, the only hope. That the grounds of my belief are not irrational, must I think, be admitted,

not only from the facts above stated, but from the result in the following cases. Whether the result mentioned will ever be duplicated, either in my experience or others, remains a question for future solution, but let it be what it may, the impossibility theory or idea should find no place in medical parlance. Had such an humiliating conviction influenced our predecessors, many of the noblest triumphs of the past would have held no place in the list of medical achievements; while, on the other hand, many opinions, once thought to be founded on the granite rock of truth, have, in consequence of enlightened progress and investigation, been disproved and abandoned. Others are gradually giving way to an advanced therapeutics. For instance, as to the best climatic conditions for the arrest and cure of consumption, the views, now rapidly gaining ground are diametrically opposed to those formerly entertained. To the spirit of impartial investigation and experience I commend this article, and if it should prove the inspiration by which one life is saved, I shall be amply repaid for the adverse criticism it is likely to invoke.

OVARIAN TUMOR OF RIGHT SIDE.

The first case treated was in a colored woman, C. H., age about thirty years, mother of several children, but for years past had been subjected to repeated abortions, and also menstrual irregularities. She had experienced at times a pain and dragging sensation in the right iliac region. Some months prior to her visit to my office she had noticed a lump in the right side, and which had gradually increased in size up to its present dimensions, which was about that of the fœtal head at full term. An examination satisfied me that the growth was an ovarian tumor, the product of inflammation of a Graafian follicle, and sustained by a continuance of the inflammatory action, which was evidenced by the tenderness and pain induced by handling the tumor. The patient presented evidences of impaired health, such as anæmia, a swollen condition of the lower extremities, constipation and poor appetite. This being my first case, I entered upon the treatment with many misgivings, but

determined to make an honest effort to suspend the morbid condition upon which I believed the growth to depend, and as far as possible bring every organ and function into a healthy condition and action. I gave on alternate nights one grain of calomel triturated with three grains of sacch. alba. Gave twenty grains of muriate of ammonia in solution four times a day, and repeated blisters over the tumor till all tenderness or pain on handling had disappeared.

The improvement in the general health was soon manifest, and with this a gradual diminution in the volume of the tumor, which at the end of six months had entirely disappeared, and left the patient, to all appearances, in perfect health, and which, I am happy to say, has continued, as I am informed. During my acquaintance with her after the treatment she had two full-time, healthy children born, and I understand has had other healthy gestations since her removal to another state.

The second case was in a lady of some thirty-six years old, the mother of four healthy living children. She had for several years been troubled with uterine derangement of some sort, with impairment of general health. In course of time she noticed a hard lump in the left iliac region, which continued to enlarge until its true nature was determined, and pronounced by her attending physician an "ovarian tumor," for the removal of which he proposed an operation. This she declined. The tumor continued to grow until she presented the appearance of a woman at seven month's gestation. At this time she sought the advice of a distinguished physician and surgeon, who confirmed the diagnosis, but thought the tumor too large in her debilitated condition to justify an operation, and gave some general directions for the management of her health, without making any special effort for the relief of the growth by medical treatment. A short while after this, in the fall of 1876, I was called to see her, and found her in a state of great debility, with a sallow, bloodless complexion, with feet and ancles bloated, bowels constipated, monthly periods irregular, sometimes scanty, at others profuse. The tumor reached to the umbilicus and was tender on being

handled, especially so towards its neck or attachment. In this condition I first saw and prescribed for her. The improvement was prompt in both her general condition and also in the tumor. She remained under my immediate care for nearly three months, when the tumor had declined to about one-third of its original size. In color, complexion, flesh and spirits, as well as in appearance, she looked and acted like a well woman, with no appearance of any lump or in equality in her form. In this condition she returned home and resumed her profession of portrait painting, and feeling so well she discontinued the treatment, but has suffered no inconvenience since, notwithstanding the small remnant of the tumor remains, which she says she feels satisfied would have entirely disappeared had she continued the treatment. This case was treated in the fall of 1876.

Since writing the above I have had a communication from the lady in which she says: "I am in good health, and have never suffered a moment's discomfort from the tumor, and it is now scarcely discernible, and I find myself capable of discharging the duties appertaining to the business of landlady in an Exposition boarding-house."

OVARIAN TUMOR.

The fourth case, T. R., a colored chambermaid in a hotel, age twenty-five, was treated in 1878. The tumor was of the right ovary, and appeared to the touch about the size of the fœtal head at six months inter-uterine life. She was unable to give the exact date of its appearance, but had for several years suffered at her menstrual periods, and for a couple of years before consulting me had suffered at times with a "drawing pain," as she termed it, in the right ovarian region, and for several months had noticed a lump in that locality, which had gradually enlarged to its present size. She was unmarried and had never borne children. A few month's treatment dissipated the tumor and left her in good health, which has continued up to the present time.

Fifth case of inflammation and enlargement of the right ovary. The subject, Mrs. P., age twenty-six, mother of four living children;

had suffered for over two years with pain in the right ovary. Had been treated previously by blisters and alteratives with benefit, but not relieved. When I examined her, I found a hardness in the ovarian region, quite tender to the touch. In this case I used a seton instead of blisters, and used the ammonia and calomel, as in the other cases, and in two months the trouble ceased with a disappearance of the hardness, since which time she has remained well. Treated in 1882.

The sixth case was in a colored woman, age thirty-five, mother of several children. Had suffered for some years with menstrual irregularities, attended by great pain at times and a profuse flow, compelling her to keep her bed for days at a time. The seat of the pain, she says, was in the right side, in which she further says she discovered a lump some months before consulting me. Upon examination I found a tumor about the size of a large apple, hard and quite tender on being pressed. The same course of treatment as before enumerated, in the course of six months, gave relief to all the evidences of diseases, and so far as to my knowledge goes, has continued well to the present time. Treated in 1882.

The third case, in the order in which they were treated, I have reserved for the conclusion, as it presents points of more than ordinary interest, in that it was diagnosed by two distinguished medical men prior to my first visit, as a fibro-cystic tumor of the womb, in which opinion I fully concurred on meeting them in consultation. The interest is heightened by the disappearance of a partially organized structure (or at least such we supposed it to be) under the combined operation of the alterative and counter-irritation, and which I do not hesitate to say, was a result far beyond my most sanguine expectations.

FIBRO-CYSTIC TUMOR OF WOMB.

Mrs. W., the subject of this growth, was forty-four years old at the time I first saw her, and had been an invalid, as her husband writes me in a recent letter, since 1869, with symptoms pointing to the womb attended by pain, tenderness, and a profuse leucorrhœal

discharge, and for which she was treated, but without affording relief. Menstrual irregularities accompanied her other troubles. Her health continued to decline, the discharge from the womb assuming more of a purulent character and an offensive odor. Ill health continued for two or three years, when she noticed an enlargement of the abdomen, which was mistaken for pregnancy. When convinced of their error, the family physician was called in and made a careful examination and pronounced the enlargement due to a tumor of the womb, which he says in course of time enlarged, at the same time her general health continued to give way. The tumor, he says, at that time was about the size of a small child's head, which so changed her appearance as to preclude her leaving home had she been otherwise able. She was, however, so debilitated as to render her unfit for any household duties. She was seen by a distinguished physician and surgeon in connection with her family physician. Their united opinion was that the growth was a fibro-cystic tumor of the womb, and that it did not admit of surgical interference with a view to its removal. Soon after this consultation he writes: "Having heard of some such case treated by yourself, and learning that the patient was then sojourning in our city, I procured a letter of introduction from you and made her acquaintance (the case, referred to is No. 2,) and learned from her the result in her case, which greatly encouraged me, and induced me to request my family physician to call you in consultation, and also the gentleman mentioned is former consultation. I was informed you all agreed as to the character of the tumor, "fibro-cystic of the womb," and that it was not a case for surgical interference.

The letter goes on to say: "My wife took your treatment for four or six months, when we considered her well, and that she has continued to enjoy good health up to the present time, the tumor having entirely disappeared, so that it cannot be felt." He also says she has passed the menstrual climax without interruption to her health, and that she is now fifty-three years old, but with a cheerfulness and healthy elasticity of one at thirty. It is now eight yeas

since she abandoned her treatment, which I think gives a guarantee of the permanency of the cure.

I have thus let the husband speak of the past and present condition of his wife's health, to show that even under the discouraging opinion we held as to the nature of the growth, the success has been most gratifying and, to my mind, most encouraging. I will only add that the same course of treatment was pursued in this as in the other cases.—*Atlanta Med. and Surg. Journal.*

THE PERMANGANATES.

Dr. Bartholow has recently published an exceedingly interesting and suggestive clinical lecture on the "Physiological Action and Therapeutic Uses of the Permanganates." The lecture, like all of Dr. Bartholow's works, is full of careful investigation, original thought, and logical conclusions, founded upon practical experiments. The objection so often made that the action of permanganate of potash, on account of its being so rapidly decomposed when brought in contact with organic matter, must be feeble and transitory, cannot be maintained, as experiment has fully shown that it exerts a very definite influence on the blood. The theory that the abundance of oxygen contained in the drug must be appropriated by the organic matter in the stomach, and, therefore, cannot act beyond that organ, is disproved by actual results, which clearly show that it produces a marked effect upon the general system.

Permanganate of potash is a general stimulant, as has been shown by Ringer and others; in torpor, anæmia, or deficient activity of the menstrual functions, this drug is particularly beneficial. Thus, in amenorrhœa and dysmenorrhœa, characterized by scanty menstruation and anæmia, it has produced very satisfactory results. Following out the same line of investigation, it has been given with great success in chronic gastric and gastro-intestinal catarrh, accompanied by fermentative changes of the food. Eructations of gas, vomiting of a yeast-like material containing sarcinæ, and an acid fermentation of the starchy and saccharine constituents of the

food are often very promptly relieved by this salt. Its beneficial effects are also seen in the catarrhal troubles of the duodenum, involving also the bile ducts, manifested by a muddy or yellow complexion, yellow conjunctiva, and high-colored urine, full of uric acid. The drug, in these conditions, not only checks fermentation of the food elements and relieves the catarrh of the mucous membrane, but promotes oxidation in the tissues undergoing metamorphosis, and while it thus stimulates metabolism helps to consume in the normal way the products of waste. The uric acid which appears in the urine is converted into urea and is thus normally excreted.

Clinical experience in all the troubles for which the drug is recommended by Dr. Bartholow, has been found to confirm physiological deductions. Thus the drug is indicated in lithæmia when we wish to influence the catarrh of the mucous membranes and the fermentation of the foods, and also to relieve the insufficient oxidation manifested by an excess of uric acid; in diabetes, when there appears to be an overproductien of glycogen and insufficient oxidation of this material, and especially where the presence of much uric acid in the blood indicates an iusufficient supply of oxygen to convert uric acid into urea. In other forms of diabetes, especially of nervous origin, we should expect no beneficial effect from the drug.

Dr. Bartholow strongly recommends the drug in obesity and the relief of the disorders of digestion which have a pathogenic relation to this malady, on the ground that the surplus and useless materials which, under existing circumstances, are transformed into fat, are oxidized and consumed and excreted as carbonic acid and water.

The chief constituent of permanganate of potash is undoubtedly active oxygen or ozone, and a portion at least of its wonderful powers as a vital stimulant are due not only to its direct action upon the contents of the stomach, and through the system by its obsorption into the blood, but to a certain hypnotic action on the central nervous system, caused, as Binz supposes, by an impression on the cells of the gray matter, whereby their functional activity is suspended. How much of the action is chemical and how much due

to other causes it is difficult to determine, but we are inclined to think its range is broader than indicated by Dr. Bartholow, and that in minute doses it will continue to be found useful in those congestive conditions where, in large doses, it would prove an active irritant.

Dr. Bartholow recommends the administration of the drug in the form of a pellet or tablet, or dissolved in pure water. It is well to commence the use of it on an empty stomach in doses of from one to two grains every hour until six grains have been taken. The patient should drink freely of pure water after taking the drug. In gonorrhœa, leucorrhœa and suppurating bubo it has proved an efficient remedy in a solution in recent cases, of two grains to the ounce, and in chronic casee, of five to ten grains to the ounce. In sloughing syphilitic sores, and especially in the early development of chancre, it seems to decompose the poison in the same way as it destroys the toxic power of the snake poison when brought in contact with the recent wound.

Dr. Bartholow has rendered the profession excellent service in the thorough and practical manner in which he carries out his investigation on a physiological and clinical basis. With an intimate knowledge of the physiological action of a drug, it is comparatively easy to adapt its powers to the different conditions of disease.—*New York Medical Times, April 1884.*

MASSAGE.

Remarking several professional inquiries of late in our Western exchanges as to the methods of practising and benefits to be derived from massage, we have been led to believe that a short article on the subject might prove acceptable to our readers.

Massage is generally employed for three purposes, viz.:—

1. As an appropriate means to relieve pain;
2. To hasten or induce re-absorption;
3. To excite an organ to activity. (†)

(†) (Dr. Mosetig, Moorhof in Zeitschrift fur therapic, 1883, I.)

Considered from these standpoints, massage will be found indicated in a large number of lesions, and contra-indicated in others. Solutions of continuity, and acute inflammations are absolute contra-indications ; while chronic inflammation, and individual susceptibility, are but relative contra-indications.

It is not such an easy and simple thing to practise massage as some people think ; it therefore, becomes absolutely necessary to study how, and to know the different forms and rules of application, if we wish to obtain as good results as possible. Massage comprises rubbing, kneading, tapping, hammering, etc., and is practised with the hands, muscle-tappers, and wooden hammers. Each form of massage has its own peculiar indication, and the physician should not content himself with saying to his patient:—"Have your servant *masser* you," but should give the servant the necessary instructions, or perform the manipulations himself.

1. Friction, gentle rubbing, should be made with the palm of the hand, or, on small surfaces, with the points of the fingers or thumb. To make this friction more agreeable, we should anoint the skin with a fatty-body. Turk was the first to demonstrate that light rubbing is very effectual in cutaneous anæsthesia.

The direction in which friction should be made, varies according to the case. In neuralgia, for example, it should follow the anatomical course of the nerve from centre to periphery, and should be gentle, slow, and uniform. Having reached the periphery, the finger should be carried back to the point of departure without touching the skin ; friction "against the grain" increases the pain. The seance should occupy from five to ten minutes, and be repeated several times a day.

When we wish to hasten re-absorption, friction should be made from the periphery to the centre so as to follow the course of the lymphatics. Contusions, wrenches, and sprains are a group of lesions in which gentle rubbing is indicated ; it should be employed as soon as possible, gently at first, but with increasing force, day by day. The thumb, the hand, or both hands are employed according to the size of the articulation. The part should be bandaged after

each séance and enveloped in some cold application. If, however, acute articular inflammation be present, it will be wise to wait until the acute period has passed before employing massage. Thus, in a fracture, for instance, we should wait until consolidation has taken place.

2. Kneading, the second mode of massage, finds its indication when we wish to hasten re-absorption of blood-clots or solidified exudations in the cellular tissues, sheaths of tendons, or articulations. If the amount of surface to be manipulated be large, the skin may be oiled; if not, it need not. Kneading is painful to the *massè* and very fatiguing on the *masseur*, obliging him to rest frequently and expend much power, patience, and perspiration. While resting himself, he should employ friction in the proper direction so as to hasten re-absorption. The excellent results obtained from kneading encourages us however, to continue in spite of the labor entailed. Kneading is further indicated in deficient peristaltic motion of the intestines, in muscular atrophy from want of use, in peri and intra-muscular exudations, and muscular rheumatism.

3. The third mode of massage includes tapping and hammering. Tapping is done with the edge of the hand or with a special apparatus composed of three stout, rubber tubes bound together. With this, the muscle-tapper, we deliver a series of light blows all along the muscles, so as to quicken intra-muscular circulation and exchange of substances. Hammering is done with a wooden hammer, and resorted to, to break up deep exudates, exudates covered by thick muscular layers. The fist may be used instead of the hammer.

RESULTS OBTAINED FROM MASSAGE IN GIVEN CASES.

Mosetig (*a*) calls attention to a lesion, often taken for arthritis, but which, according to him, is a sub-acute inflammation of the sheath of the long head of the biceps. The distinctive characteristic of this lesion is the pain produced when reaching backward, and rotat-

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(*a*.) (Loco cit.)

ing the extended arm inward at the same time ; reaching forward and rotation inward does not cause pain. The only tender point about the articulation is found at the site of the bicipital groove. Massage, hard rubbing and kneading, in the course of the sheath has always given rapid relief and a complete cure. Kneading with the thumbs along the course of the sciatic nerve, from the centre to the periphery, has also been succssful in his hands in cases of chronic sciatica.

Schreiber (*b*) tells us of an ataxic patient who, among other things, complained of an almost complete anæsthesia of both buttocks. In the face of the generally received opinion that, from the standpoint of mechanical treatment, locomoter ataxia is a *noli me tangere*, he practiced massage in the form of kneading, and for five minutes at a time. Both buttocks were forcibly kneaded in all directions, irrespective of the pain produced. After twelve days of treatment the anæsthesia, which was of five months standing, disappeared and had not returned when the patient was last seen, three months later. It is very difficult to formulate a satisfactory physiological explanation here, knowing, as we do to-day, that the lesion which produces paralysis of the sense of touch is medullary.

Güssenbauer (*c*) gives a case of chronic muscular rheumatism, of several years standing, in which the pain radiated from the cervical vertebræ down the shoulder, arm, and fore-arm of the right side. The muscles of the right side of the neck, right omoplate, and deltoid region were tumefied, infiltrated, and thickened ; articular rigidity, marked. Electricity and other measures failed completely: Massage, continued for fourteen days, made a complete cure.

He cites a case of hydrops articuli of both knee-joints, with tumefaction of the bursæ mucosæ, and thickening of the capsules and lateral ligaments, as cured in a relatively short space of time by the prepared sponge, followed by massage.

The same author has obtained excellent results from massage in chronic articular rheumatism (deformans). He reports a case in

(*b*.) (Wiener Med. Presse 1881, No. 10.)
(*c*.) (Paris Medical, 15 Sept. 1881, p. 294.)

point, of twenty-two years standing, in which all the joints were implicated, and the patient had not been able to walk for eight years. Pain was continuous; the pulse small, feeble and arythmic, and the urine depositing urates. The hands presented the characteristic contractions. All the articulations were fixed at a right angle; the right elbow was anchylosed; and the extremities of the bones, deformed. Massage of the body as well as the joints was practiced in this case, for an hour and a half at a time, and followed by more or less prolonged active and passive movements. After one month's treatment, the patient was able to walk with the assistance of a cane, and at the end of five months he could promenade for a quarter of an hour at a time without being pained or constrained. The tumefaction of the articulations had disappeared; motion, save in the anchylosed elbow, was almost as free as normal; and, several months after the treatment had been interrupted, the improvement still persisted.

We will be satisfied with the foregoing, incomplete as it is and as a short article must needs be, if it fill even a crevasse in the minds of any of our readers, and aid in popularizing the method of treatment known as—Massage. G.

ATROPINE IN SEVERE ELECTRIC SHOCK.

The rapidly growing use of electricity for illuminating and various industrial purposes, cannot but lead to an increase in the frequency of cases of electric shock, and as no suggestions can be found in our text-books as to the treatment of such cases, as account of three instances reported by Dr. William E. Eggleston, in which atropine was successfully used, is well worthy of notice. The first of these cases was that of a young man who was struck by lightning; the fluid entering as nearly as can be determined in the region of the right temple, passing thence to the left iliac region and thence to the floor. He rose, walked to the door, stopped, caught hold of the door-frame, did not answer when spoken to and began to stagger. He was caught while in the act of falling, laid on the floor and

immediately became insensible. When seen by his physician twenty minutes later he was cold, insensible and limp, pulse and respiration very slow, and the pupils widely dilated. There was no mark on his body or clothes. He was immediately put to bed and thoroughly warmed, $\frac{1}{80}$ of a grain of sulphate of atropine being ejected hypodermically. Within a short time after the ejection, both the respiration and pulse became more frequent, but it was necessary to repeat it in about two hours, and again in two-and-a-half-hours. An attempt was made to administer stimulants by the mouth, but the act of swallowing seemed to produce a spasm of the pharyngeal muscles and convulsions. Stimulants were administered by enemata. Consciousness returned in about six hours, when the patient complained of pain in the head, down the right arm into the left iliac region and excessive photophobia. On the next day he had a hemorrhage from the bowels, which seem to indicate that the electric fluid had caused a rupture of some vessels in the iliac region, where it passed from the patient's body. He also complained of violent headache, but perfect rest, and confinement in a dark room produced in a short time decided change for the better in the cerebral and ocular symptoms, though they did not entirely pass away for more than three months.

The second case was that of young man who received a shock from a dynamo-electric machine. He walked ten steps, said that his arms and hands felt dead, and then became unconscious. When first seen, about ten minutes after the accident, the hands and fingers were strongly flexed, the head forced back, the pupils dilated and insensible to light; respiration jerking and gasping, shallow and very slow, and pulse slow and irregular, though not very feeble, and the patient almost entirely unconscious. Sulphate of atropine was given subcutaneously in a dose of $\frac{1}{100}$ grain, and within twenty minutes the respiration and pulse became more frequent, and the patient so far recovered consciousness as to be able to swallow some brandy and water. An hour-and-a-half-later the respiration and pulse again became irregular, and the ejection of $\frac{1}{80}$ of a grain of atropine was again followed by improvement in twenty minutes. He then steadily

improved, and beyond a slight weakness and curious feeling about the head, there were no unpleasant after affects.

The third case was that of a man who received a shock by coming in contact with an electric light wire. He was limp and unconscious: occasional contractions of the hands and fingers; pupils widely dilated; respiration shallow, jerky, slow and sighing; pulse irregular, very slow and feeble; $\frac{1}{60}$ of a grain of sulphate of atropine was injected subcutaneously, and, as in the other cases, resulted in rapid improvement though here, also, a second injection was required to counteract a second relapse. Unconsciousness and pharyngeal spasms were so marked in this case that swallowing was absolutely impossible, and brandy and ammonia were ejected in the arm. For more than a week afterwards he conplained of photophobia and frontal headache, and great weakness of his limbs; but within three weeks these had so far disappeared as to give him no trouble.—*Therap. Gazette.*

GLYCERINE IN FEBRILE DRYNESS OF THE TONGUE AND THIRST.

Surgeon-Major Cotter, in a note to the *Indian Medical Gazette* for January, states that he has, in cases of enteric fever and other febrile conditions, found painting the tongue with glycerine eminently useful in relieving the distressing dryness of tongue and thirst, which so often prevent the patient from obtaining sleep, and are in other ways a source of discomfort to him. "Whether it acts," he observes, "by increasing secretion from the mucous membrane, dissolving the sordes, or making an artificial coating, I do not decide. But in whatever way it acts, I can certainly vouch for its benefit when the tongue is parched during any disease.—*New York Medical Abstract.*

MIND CURE.

As many invalids have written to ask my opinion of the mind-cure, and as various false reports are going about, I will briefly give my

own experience, leaving others to profit by it or try the experiment, as they choose.

Writer's cramp and an overworked brain were the ills I hoped to mitigate by the new cure, of which marvelous accounts were given me. With a very earnest desire to make a fair trial, I took about thirty treatments, finding it a very agreeable and interesting experience up to a certain point. No effect was felt except sleepiness for the first few times; then mesmeric sensations occasionally came, sunshine in the head, a sense of walking on the air, and slight trances, when it was impossible to stir for a few moments.

Much cheerful conversation, the society of an agreeable person, and the hope that "springs eternal in the human breast," made these earlier weeks very pleasant. But when no bodily pain was alleviated, and instinct warned that something was wrong, I began to question and doubt a theory which claimed to cure cancers, yet could not help a headache. I made myself as passive as a reasonable being can, hoping, that, since lunatics and children were helped, I also could be, if I gave up trying to see, believe, or understand. But when thirty treatments left the arm no better, and the head much worse, I dared lose no more time, and returned to the homœopathy and massage from which I had been lured by the hope of finding a short and easy way to undo in a month the overwork of twenty years.

This is my experience; and many others who have tried the experiment tell the same story, while half the fabulous cases reported to me prove to be failures, like my own, when investigated.

My opinion of the matter is, that, being founded on a fact which no one denies, namely, the power of mind over body, there is truth in it, and help, if it is not overdone, and more claimed for it than is due. Every physician has cases where the mind rules the body, and works wonders, with science to lend a hand; but to ignore such help, and rely only on the blind, groping self-delusion, or temporary excitement, which the mind cure brings to most, is a mistake,

Mesmerism, unconsciously used perhaps, does much: curiosity, the love of the miraculous, the hope of health, and, more than all,

the yearning of weary spirits for divine support, lend this new craze its charm, and attract the crowd of sufferers who fill the rooms and pockets of the persons who profess the healing gift.

If it be all they claim, may it prosper, and grow clearer, higher, and stronger; for we need all the help we can get to meet the new diseases that afflict us. If it be a delusion, as some of us believe, let those who practice it beware how they coin money out of the suffering of fellow creatures, and blindly lessen faith in God and man by what they cannot perform.—*L. M. Alcott, in Woman's Journal.*

THE INFLUENCE OF THE BROMIDES IN THE PREVENTION OF IODISM.

A case of tertiary syphilis in which it was absolutely impossible to administer any form of the various iodidies, led Dr. H. S. Norris (*Med. News*, May 23, 1885,) to combine iodide of potassium with the bromide of potassium, in the proportion of one grain of the former to two of the latter. He began with 5 grains of the iodide thus guarded in water three times a day, and after a few days the dose was slowly increase to 6, 7, and at last 10 grains, always preserving the same relations between the two salts; Its use being entirely free from coryza, or any symptoms of iodism. Wishing to satisfy himself as to just what part the bromide was playing in the absence of coryza, Dr. Norris directed one morning that 10 grains of the iodide should be taken alone. This one dose was followed by such severe coryza that all treatment had to be supended for thirty-six hours. He then returned to the mixture as before, beginning again with the 5-grain dose, increasing slowly, and carrying it up to 15 grains, and on 45 grains a day improvement was pronounced and rapid. Sometimes he would take three doses of 15 grains each, sometimes the entire quantity in two doses; but in all instances with entire freedom from coryza. After the disease was thoroughly arrested and improvement begun, the quantity of bromide was slowly diminished, while the iodide was maintained at 15 grains until in two or three weeks he was taking it alone, and continued to do so until he was entirely well.

SAND-BAG FOR THE SICK-ROOM.

One of the most convenient articles to be used in a sick-room is a sand-bag. Get some clean, fine sand; dry it thoroughly in a kettle on the stove. Make a bag, about eight inches square, of flannel, fill it with the dry sand, sew the opening carefully together, and cover the bag with cotten or linen. This will prevent the sand from sifting out, and will also enable you to heat the bag quickly by placing it in the oven, or even on the top of the stove. After once using this, you will never again attempt to warm the feet or hands of a sick persons with a bottle of hot water or a brick. The sand holds the heat a long time; and the bag can be tucked up to the back without hurting the invalid. It is a good plan to make two or three of the bags and keep them on hand, ready for use at any time when needed.—*Popular Science News.*

LOCAL TREATMENT OF PHARYNX.

Dr. Geo. Richter says, in *The Weekly Medical Review*, that, "the use of sponges, probangs, brushes and the like is often of no avail. With the probang we reach a small part of the oro-pharynx, which, together with the palate, at once contracts and objects to such ill usage. A little rougher handling of the probang will also reach the laryngo-pharynx, and very rarely and with doubtful benefit, the naso-pharynx. Everybody knows how much of the phlegm remains in the pharynx after such attempts. Another drawback of the probang is, that the patient cannot handle the instrument himself, as a rule, and that attendants rarely show proper tact in using it. A very favorite method with many is the use of the steam-atomizer, the spray apparatus with their numberless patent modifications. The general impression is, that the spray will reach all parts of the pharynx, and when thrown through the nose will also act upon the retro-nasal cavity. It is a pity that the spray cannot be localized to the pharynx. Though most of the remedial agents used, do not cause much damage in either the nose or the mouth, entrance into the larynx or trachea cannot be avoided, and the latter organs will re-

act upon anything that is strong enough to act with effect upon the pharynx. Besides, even often repeated and long continued applications of spray and steam will be very slow in work; being quite diluted with water, and following the general air current so strictly, more will escape into the larynyx or be quickly swallowed down than reach or remain on the diseased surface. If all this were not true, the treatment of "catarrh" would not be such a slow and tiresome affair. It is for this reason that the treatment of the whole surface of the galvano-cautery has been recommended and successfully performed. It appears to be a very radical cure. Still it would be preferable, if the "catarrh" could be cured and the lining membranes preserved. In a number of cases this end will be gained by gargling properly, that is, by washing the pharynx actually with an appropriate solution. To do this, have the patient sit down on a common chair, with the mouth half full of the gargle. The back of the patient ought to rest against the back of the chair. Then order the patient to throw his head back, raising the chin as high as possible, the mouth opened wide and the tongue protruded. In this position, with open mouth and protruded tongue the patient must try to swallow. This of course is impossible. The larynx is pressed against the vertebræ, and closes the œsophagus effectually. But the muscular contractions of the palate will allow the contents of the mouth to flow into the pharynx, which causes a sensation as if the whole had gone down into the stomach. Now make the patient gargle, and the gargle will be found in the pharynx washing the whole of it. If now the mouth be closed, or rather clapped together, and the head thrown forward and downward, the whole gargle will find its exit through the nostrils. The method is not easily executed and usually requires a number of trials, best in the presence of the doctor, who should give the consecutive commands and look into the mouth of the patient at the same time to see whether the gargle flows into the pharynx or not. If gargling in this wise be done daily with either pure water or an appropriate solution, catarrh in its earlier stages can be easily cured.

Editorial.

WEARING OUT.

The question is often asked why so many physicians die so early in life and why so few reach the three score years and ten.

A physician who is successful and who has the faculty of gaining the confidence of the people, soon finds himself burdened with care of the most serious nature. His mind must be constantly on the alert. He must keep himself posted in all the new discoveries, as well as to seek out new ones; he must exert all his energies for the welfare of his patients, and when he finds himself burdened with the care of many his mind has but little rest day nor night. With this constant strain on the mental faculties, he finds that the physical system is also exercised beyond endurance, and when night comes he is exhausted in mind and body; and what greater depression is there than this? He retires late at night, to sleep perhaps an hour or two, or all night, and awakens in the morning almost as weary as when he retires. His mental faculties are dull and his body aches in every muscle and joint. When this comes, the body is wearing out very rapidly, and if the possessor does not heed the warning his doom is sealed.

Many, in order to tide themselves over their present necessities resort to stimulants or opiates, which before long grasp their systems as with hooks of steel, adding tenfold to their difficulties, and soon they find themselves inebriates or habitual opium eaters. When this comes the system ceases to wear out from overwork, for business is lost, and they soon sink into an early grave.

Should he happen to be strong enough to resist the seductive influences of these stimulants he goes on and on, growing old before his time, and succumbs to the slightest disease that may overtake him, or becomes a nervous wreck. There are but few who grow old in the profession, and they are composed of those who can take life as it comes, worrying over nothing, and rest when they discover that

they are going beyond their powers of endurance. They mingle pleasure with labor and try to enjoy life as it comes.

As there are so few retired wealthy, it is hardly worth while to mention them. Who ever knew a doctor to make a fortune by his profession? They may exist, but they are as rare as a capital prize in a lottery. We hear that some one has drawn it, but we have never been able to find the lucky man.

When you find yourself as weary when you rise as you were when you sought your couch *beware*, for your days are being numbered.

OBITUARY.

Died, in Buffalo, N. Y., Augustus C. Hoxsie, M. D., May 23d, 1885.

This was the sad news that startled hundreds of the citizens of Buffalo, on the morning of the 24th. Dr. Hoxsie was one of Buffalo's prominent physicians, enjoying a large and lucrative practice. His death came quite suddenly, the disease of which he died only running five days. On the Monday preceeding his death he was confined to his home from a slight attack of Pneumona. No uneasiness was felt by his physicians during the week, as only one lung was partially affected and he was able to sit up most of the time. Saturday afternoon he went to bed and expired almost instantly. It was supposed that immediate cause of death was from embolism.

Dr. Hoxsie was born in 1839. It will be seen that he died in the days of his greatest usefulness and in the prime of life. The remote cause of his death was overwork, as he was untiring in his efforts for the welfare of his patients. Appropriate resolutions were passed by the Western New York Homœopathic Medical Society, The Hospital Staff and the Board of Trustees of the Hospital. The floral tributes were something wonderful, the largest we have ever witnessed at a funeral.

Thus goes out the life of another physician, in the prime of life, a victim to his calling.

Book Notices.

Hay Fever and its successful treatment by Superficial Organic Alteration of the Nasal Mucous Membrane. An essay read before the Philadelphia Laryngological Society, by Charles E. Sajous. M. D. Illustrated. Philadelphia, F. A. Davis, Att'y, Publisher, 1217 Filbert Street.

This is a hand book of 103 pages. It gives the etiology of "Hay Fever" or "Rose Cold" or what ever name you wish to call it. The author claims that there is a local inflammation either anterior, middle or posterior, which is intensified by the local irritant which makes its appearance once a year. He seems to think that it is hereditary in many cases. The treatment is of a local nature either by Galvanic Cautery or Acids.

It seems a pity that there cannot be some discovery made whereby this very distressing affection can be controlled without resorting to cautery, but as yet everything in the way of medication seems to have failed. This little work is very comprehensive and throws new light on the subject. As the time for "Hay Fever" is approaching this comes very opportune, and will be the cause of relieving many who, heretofore, have been obliged to leave the country to avoid an attack.

A Treatise on the Decline of Manhood, its causes and the Best Means of Preventing their Effects and Bringing About a Restoration to Health, by A. E. Small, A. M., M. D. 3d Edition. Revised and Enlarged. Chicago, Duncan Bros.

A work of 112 pages about the size of the preceeding. From the hurried perusal that we have been obliged to give it, we should judge that it was written more for the benefit of parents and the young than for a medical man, although the treatment given might enlighten him also. In the fifteen chapters comprising the work, it treats on the various causes of seminal weakness and medicines used in the cure.

Berlin as a Medical Center. A Guide for American Practitioners and Student. By Horatio R. Bigelow, M. D. (Reprint from the *New England Medical Monthly.*) Sandy Hook, Conn. New England Publishing Co.

As the time has come when medical students are expecting to leave the country to extend their education in Berlin, this little pocket work wlll come in admirably. It gives all the information necessary, so that a man with it in his pocket will feel almost as much at home in Berlin as he does in New York. It tells him how to go, where to go, when to go and how much it will cost almost to a cent, with beer thrown in. A man not acquainted cannot afford to go without this guide.

Sanitary Suggestions or How to Disinfect Our Homes. By B. W. Palmer, A. M., M. D. 25 cents. Geo. S. Davis, Publisher, Detroit, Mich.

A valuable little pamphlet and one that every householder should possess in these days of the cholera scare.

Some Experiences with Cocaine Hydrochlorate on the Eye. By B. H. Grove, M. D., 417 Pearl St., Buffalo, N. Y.

Scarlet Fever and Certain Suggestions for its Treatment in accordance with the most recent advances in science and experience. By **T. Griswold Comstock**, M. A., M. D., St. Louis, Mo.

Bacterial Pathology. A series of papers on the exhibits at the Biological Laboratory of **The Health Exhibition**. Under the charge of Watson Cheyne. Reprint from *The London Lancet.* Illustrated. 25 cents. New York, The Industrial Publishing Co.

Electricity as a Remedial Agent. By Geo. C. Pitzer, M. D., St. Louis, Mo.

Dr. P. has written some very fine articles on Electricity. He handles the subject with ease.

The North American Review, July.

Few things are more fascinating in their way than a study of the subterranean history of man, whether, in caves or in mounds, whether it be to corroborate written history, or to take testimony that ante-dates all writing. President Bartlett, of Dartmouth,

contributes an interesting article on this topic to the July number of the *North American Review*. From the men of unknown ages and their works underground, to men grappling with the latest questions of our own day and discussing the parceling out of the earth's surface, is a long step; but in the same number of the *Review* appears a conversation between David Dudley Field and Henry George, on land and taxation. Another urgent question, which may soon make a very serious issue, the extradition of dynamite criminals, is debated by President Angell, of Michigan University, George Ticknor Curtis, and Justice T. M. Cooley, Dorman B. Eaton, chief of the Civil Service Commission, gives his views of the results of that reform. William Clarke shows the futile character of any scheme for British imperial federation, and Thomas W. Knox gives a brief but interesting sketch of the progress of European influence in Asia. The other articles are one by Gail Hamilton on Prohibition in practice, and one by Rev. Dr. C. H. Parkhurst on the decline of Christianity. These, with the batch of free-hand Comments, make up a number of unusual interest. If the allotted age of man were sufficient for a magazine, we might have to part here with an old friend; for the *Review* has just completed its seventieth year. But outwardly it renews its youth with a new cover and inwardly it seems more vigorous than ever.

News and Miscellany.

WE ARE in receipt of a quantity of Reed & Carnrick's Liquid Peptonoids, composed of concentrated Beef and Milk with Gluten perfectly digested, and Beef Peptonoids. The liquid preparation is one of the most palatable and elegantly prepared mixture we have ever seen. The first dose seems to impart new life and strength. The Beef Peptonoids lack that disagreeable flavor which other kinds possess, and is excellent.

A POCKET diary picked up in the streets of a neighboring city

would seem to indicate from the following choice extracts, that the owner was a medical man:

"Kase 231. Tummes Krink; Bisnis, Nirishman. Lives with Paddy Malony who keeps a dray—Sickness, dig in ribs and tow back eys. Fisik to drink my mixter twict a day of sasiperily beer and jellop, and fish ile, with asifedity to make it taste fisiky. Rubed his fase with kart grese liniment, aged 39 years of age. Drinked the mixter and wuddent pay me bekase it tasted nasty, but the mixter'll work his inards, I reckon.

"Kase 232. Old Misses Boggs. Aint got no bisnis, but has plenty of money. Sikness all a humbug. Gav her sum of my celebrated 'Dipsefloriken,' which she said she drank like cold tea—which it was too. Must put sumthing in it to make her feel sik and bad. The Old Woman has got the roks.—*Sanitarian.*

MESSRS. PARK DAVIS & Co. comes out with something new in the way of disenfectants. This enterprising firm will never be found behind in their line of goods, either as to quality or variety. They have done wonders in bringing before the medical profession so many new remedies, some of which are invaluable. They should not only receive the thanks of all, but should be patronized by all.

WE AGAIN wish to call attention to Messrs. Reed & Carnrick's Peptonized Cod Liver Oil and *Milk.* We know from experience that one bottle of it will put more fat on a patient's ribs than five bottles of the nasty emulsions. We never *did* admire the emulsions.

A NEGRO was once praying earnestly that he might be preserved from what he called "upsettin' sins." "Brudder," said one of his friends, at the close of the meeting, "you ain't got the hang o' dat ar' word, its besettin' sin, not upsettin'." "Brudder," replied the other, "if dat's so it's so; but I was prayin' de Lord to save us from de sin of vintoxication, and if dat sin ain't upsettin', den I dunno what am."

ANOTHER STRAW.—"S. N. Brayton, M.D.: Dear Sir—The May number of the INVESTIGATOR is worth a years' subscription.—J. K. Cheeseman, M.D., Red Bank, N. J."

THIS month we send private letters to those who are far behind in their subscriptlon. If no response is obtained we shall draw, at three days' sight, believing that it will be a matter of accommodation to our subscribers. Many have responded promptly to our personal appeal. To them we are profoundly grateful.

IN CALLING attention to the advertisement of the McIntosh Battery and Supporter Co., we wish to say that we have lately had some personal dealings with them, and now as before have found them to be all that they represent, and any one dealing with them will receive perfect satisfaction. Their goods are just what they say they are, and we can recommend them with a great deal of pleasure. It will be seen that they have moved their establishment to 300 and 302 Deaborn Street.

Therapeutic Odds and Ends.

Try resorcin in acute cystitis.—Use peroxide of hydrogen in the local treatment of cold abscess.—Sodium salicylate is a lactagogue, so is gelsemium.—Potassium iodide is a lactifuge.—There is no remedy for jaundice equal to *chionanthus Virginica*, and none perhaps superior to it in tertiary syphilis [Prof. Goss]. Dose, 30 to 60 drops of the tincture every 3 hours.- Cimicifuga is recommended in the amenorrhœa of phthisical girls.—Bicycle riding produces impotence and disease of the prostate gland.—Ten to twenty minim doses of oil of gaultheria, in an emulsion, every two hours, is the new specific treatment of acute inflammatory rheumatism.—In diphtheria, gargle the throat every half-hour with *hot* water. Nægli says that bacteria will invariably perish in pure water.—For tapeworm:—One drop of Croton oil and a drachm of chloroform suspended in an ounce of glycerine and taken in the morning, fasting. —Before opening an abscess inject hypodermically at the intended seat of operation from five to ten minims, according to the depth of tissue over pus, of an eight per cent solution of hydrochlorate of cocaine. In absence of cocaine solution inject thirty minims of pure

water sub-cutaneously, for local anæsthetic effect. The axis-cylinders of the ultimate nerve-fibres absorb the water and their power is thus temporarily lost; analgesia is the result.—Nux vomica does not affect the brain profoundly, but it produces (primarily) active hyperæmia, (secondary) passive hyperæmia and finally anæmia of the spinal cord. Paraplegia therefore is a secondary effect of nux. —Nux vomica in regular doses is a good galactagogue; phytolacca in like doses possesses opposite powers.—Never allow the vertex to remain for more than two hours at any point in the parturient canal in occipito-posterior positions.—When you fail to reduce a strangulated hernia by taxis try the effect of one drachm of sulphuric ether, poured slowly on the skin at the site of hernia every ten minutes. Of 50 reported cases in which this method was tried 48 were successful.—Slight extravasations into the vitreous humor in the last months of pregnancy is often a danger signal of convulsions *en route*.—The double chloride of gold and soda is of marked utility in sclerosis, whether nervous, hepatic or venal. Try it in posterior spinal sclerosis, chronic interstitial nephritis, hypochondriasis coincident with degenerative changes in the cerebral vessels, or with sexual debility and in dysmenorrhœa and chronic metritis. Dose, one-twentieth of a grain two or three times a day. [Bartholow]. —One grain of Mercurius Cor. to six ounces of distilled water is the New York injection in gonorrhœa. Wash the urethra out with hot water before using the bichloride injection.—The bromides as given in nervous diseases to-day so depress the vitality of many patients that they cannot resist intercurrent diseases and die rapidly. —In your next case of serious epistaxis plug the whole length of the naris with a piece of fat pork cut to fit. Hold this in place by a piece of adhesive plaster.—Permanganate of potash is one of our best remedies in obesity. Commence about three hours after a meal and give grain doses, *well diluted* with water, every half-hour until 4 or 6 doses have been taken. Do the same after the next meal, and so on. Restrict the diet, and allow no water or other fluid, at meal-time particularly, or at any other time if you can help it. G.